

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036529

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5191

STATE FILE NUMBER

VS 300  
Rev. 4/59

1

23 168

3

4 0

5 0

6

7 0

8 2

9491A

10

11

12 90-2

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
Morris Duncan

BY AFFIDAVIT OF

FILED OCT 7 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

10 YEARS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

642 EAST 36<sup>TH</sup> STREET

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

OR

TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

1118 FOREST AVENUE

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

JAMES

First

Middle

TROUTMAN

Last

4. DATE

OF

DEATH

SEPTEMBER 20<sup>TH</sup> 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐

Never Married ☒

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

12/18/1869

9. AGE (last birthday)

93

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY

KELLY MILLS

11. BIRTHPLACE (City and state or country)

PLATTSBURG, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

GEORGE A. TROUTMAN

13b. MOTHER'S MAIDEN NAME

AMELIA CRAIN

14. NAME OF HUSBAND OR WIFE

MRS. FRANCES WALTERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS. FRANCES WALTERS, 642 EAST 36<sup>TH</sup> STREET, KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

General debility

6 months

DUE TO (c)

Senility

Age 93 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12-11-62

to

9-19-63

and last saw her

him

alive on

9-19-63

Death occurred at

1:30 P.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Morris Duncan D.O.

(Degree or title)

22b. ADDRESS

221 E. Armour Blvd. Kansas City, Missouri

22c. DATE SIGNED

9-20-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

SEPT. 23, 1963

23c. NAME OF CEMETERY OR CREMATORY

MT. WASHINGTON CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY, MISSOURI

(State)

24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS

ADDRESS

1331 BRUSH CREEK

KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.

9-23-63

26. REGISTRAR'S SIGNATURE

Ressie Smith

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. Melvin D. Muscare  
721 East Sumner Blvd.  
9.00-12; 4:00-6:00

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Eldon Norris Student Embalmer No. 700

working under my personal supervision.

Student Eldon Norris  
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indep., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.